III. New Operation for Radical Cure of Hernia. By Dr. Wm. S. Halsted (Baltimore). The operator reports five cases upon whom he had performed the following operation:

1. The incision begins at the external abdominal ring, and ends one inch or less (less than one inch in children) to the inner side of the anterior spine of the ilium on an imaginary line connecting the anterior superior spines of the ilia. Throughout the entire length of the incision everything superficial to the peritoneum is cut through.

2. The vas deferens, with its vessels, is carefully isolated up to the outer termination of the incision, and held aside.

3. The sack is opened and dissected from the tissues which envelop it.

4. The abdominal cavity is closed by quilted sutures passed through the peritoneum at a level higher by 1½-2 inches, than that of the so-called neck of the sack.

5. The vas deferens and its vessels are transplanted to the upper angle of the wound.

6. Interrupted, strong silk sutures, passed so as to include everything between the skin and the peritoneum, are used to close the deeper portion of the wound, which is sewed from the crest of the pubes to the upper outer angle of the incision. The cord now lies superficial to these sutures and emerges through the abdominal muscles about one inch to the inner side of the anterior superior spine of the ilium.

7. The skin is united over the cord by interrupted stitches of very fine silk. These stitches do not perforate the skin, and when tied they become buried. They are taken from the under side of the skin, and made to include only its deeper layers—the layers which are not occupied by sebaceous follicles. Dr. Halsted has for more than two years served most of his wounds in this way. The method was suggested to him from his experiments on dogs. He thinks that it is very difficult, and perhaps impossible, to disinfect the skin of a dog, and believes that pyogenic organisms may occasionally be present in the sebaceous follicles of the skin. He had repeatedly observed pus in the suture holes of perforating skin stitches, and could not with any certainty secure primary union of the skin wounds in dogs until he had resorted to this

subcutaneous method of sewing the skin. He had also observed that skin sutures not infrequently suppurate, even in wounds sewed by the most careful surgeons in this country and abroad.

8. One or two small, short gauze plugs are used as wound drains.

The immediate result in all the cases reported was good. Three of the patients were children, two adults. Sufficient time has not yet elapsed to test the ultimate results.—*Johns Hopkins Hosp. Bull.* Dec.

**IV. Fecal Fistula following Hernia.** By PROF. CZERNY (Heidelberg). In the course of a paper read before the Sixty Second Congress of German Naturalists and Physicians, at Heidelberg, 1889, upon resection of the intestins, Czerny refers to 6 cases of operation for fecal fistula following the occurence of hernia. In general the fistula was circumscribed elliptically by an incision, the incision lengthened and the bowel loosened from its attachments. Turning the edges of the mucous membrane and uniting the parts by means of successive layers of sutures sufficed in only two instances. In the balance of the cases circular resection of intestine preceded the suturing; otherwise stenosis of the bowel at this point was to be found. In one case in which numerous fistulous tracks permeated the vicinity, the abdominal cavity was opened above Pouparts, the bowel loosened and sutured at the point where it was joined by the fistula. Five cases of fistula communicating with the small intestine, and one with the transverse colon, were resected with the best results. One case, that of a female exhausted by phthisis, induced by want of nourishment, died of collapse; healing by primary union took place in the remaining five.

Kœnig, of Gættingen, in the course of the discussion which followed Czerny's paper, related 3 cases in which, after enlarging the opening, he drew the bowel forward and closed the opening leading thereto, by transverse sutures, thus avoiding resection of the bowel.—*Centlb. f. Chirg.*, No. 51, 1889.

G. R. FOWLER (Brooklyn).

## EXTREMITIES.

**I. Treatment of Aneurisms of the Limbs.** FRENCH SURGICAL CONGRESS, (Oct., 1889). When this subject came up for consideration, of